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## CERTIFICATE OF FACSIMILE PURSUANT TO 37 C.F.R. § 1.8

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office at (703) 872-9306 and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date:

April 4, 2005

By:

John A. Williams

PATENTIN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE

Applicant: : SHAW, Scott D.  
 Serial No.: : 10/600,720  
 Filed: : June 20, 2003  
 Title: : FLOW TESTING SYSTEM AND METHOD  
 Examiner : CYGAN, Michael T.  
 Group Art Unit : 2855  
 Confirmation No. : 5846  
 Attorney Docket No. : 40850.0100

Fee  
onlyREQUEST FOR RECONSIDERATION  
PURSUANT TO 37 C.F.R. § 1.116

Commissioner for Patents  
 Mail Stop AF  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Reconsideration is respectfully submitted in response to the Final Office Action mailed on, October 5, 2004, the period for response that is hereby extended three months

04/12/2005 AJCH 001 00500507 60214 10500720  
 to April 5, 2005, and respectfully requests the Examiner to consider the Amendments and

01 FC:2253 510.00 DA  
 02 FC:2202 Remarks beginning on the following page.  
 03 FC:2201 200.00 DA

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.

Conclusion begins on page 15 of this paper.

1643863

1 of 15

Atty Docket: 40850.0100

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10/600 720

~~70,850.00~~ 0100

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 - minus 20 =	* 10
INDEPENDENT CLAIMS	2 - minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE ☐

OR  
OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	\$75.00
X\$ 9=	90.00
X42=	
+140=	
TOTAL	165.00

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 29	Minus	** 30	= 0
Independent	* 3	Minus	*** 2	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDITIONAL FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 32	Minus	** 30	= 2
Independent	* 5	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	50.00
X42=	20.00
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDITIONAL FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDITIONAL FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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